

# Intervening Early for Symptoms of Depression in Individuals with Multiple Sclerosis

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## Abstract

In recent years, Cognitive-Behavioral Therapy (CBT) has emerged as a successful intervention for alleviating depressive symptoms in individuals with Multiple Sclerosis (MS), offering both in-person and internet-based options. Stefan M. Gold and colleagues conducted a parallel-group trial featured in The Lancet Digital Health, evaluating the efficacy of an Internet-Based CBT (iCBT) program tailored for MS patients. This program, comprising ten modules and a summary module, demonstrated effectiveness in reducing depressive symptoms, as measured by the Beck Depression Inventory-II, with both therapist-guided and stand-alone formats. Importantly, these reductions were sustained at the 12-month follow-up.

iCBT interventions hold promise for improving the quality of life for MS patients by addressing depressive symptoms. Additionally, they may impact the disease trajectory, reduce healthcare costs, and offer accessibility to vulnerable populations, particularly in the post-COVID-19 era. With their potential to address unmet mental health needs, especially in remote or immunocompromised patients, iCBT interventions could serve as an interim solution or complement to in-person psychotherapy sessions. This research underscores the importance of integrating innovative approaches like iCBT into mental health care for MS patients to enhance their overall well-being.

**Keywords:** Cognitive-Behavioral Therapy (CBT) • COVID-19

## Introduction

In-person Cognitive-Behavioral Therapy (CBT) interventions have proven successful in treating depressive symptoms in individuals with Multiple Sclerosis (MS), with Internet-Based CBT (iCBT) emerging as a viable option over the past 13 years. In a recent study published in The Lancet Digital Health, Stefan M. Gold and colleagues conducted a parallel-group trial of an iCBT program tailored for this purpose [1-4]. This program, consisting of ten modules plus a summary module, features conversational text passages and multiple response options. The study found that both therapist-guided ( $d=0.96$ ) and stand-alone ( $d=0.97$ ) formats of the iCBT program effectively reduced depressive symptoms, as measured by the Beck Depression Inventory-II, compared to a treatment-as-usual control group. Moreover, these reductions were sustained at the 12-month follow-up [5,6].

iCBT-based interventions hold promise in alleviating depressive symptoms in MS patients, thereby enhancing quality of life. Additionally, they may influence the trajectory and progression of the disease, reduce healthcare utilization costs, and offer accessibility and acceptability to individuals with MS. Particularly in the post-COVID-19 pandemic era, where mental health issues have become more prevalent among vulnerable populations like those with pre-existing mental health conditions and chronic diseases such as MS, iCBT interventions offer an expanded array of treatment options. They can help address unmet mental health needs in MS patients, especially those residing in rural or remote areas, facing mobility challenges, or experiencing immunocompromised states. iCBT interventions could serve as an interim solution until in-person psychotherapy becomes available, or they could be integrated with, preceding, or following psychotherapy sessions [7-10].

Research on early provision of tailored CBT-based interventions, both in-person and online, for treating depression in patients newly diagnosed with Multiple Sclerosis (MS) is limited. However, several factors advocate for early intervention within the first few years post-diagnosis. Firstly, studies indicate that depressive symptoms are often at clinically significant levels during this period, with patients being at a heightened risk of suicide. Considering that MS is typically diagnosed between the ages of 20 years to 40 years, individuals are often navigating crucial life stages such as career establishment, relationship building, and family planning, which can be disrupted by the uncertainties and losses associated with the condition.

Secondly, research underscores the benefits of early intervention for mental health issues, leading to improved functional outcomes. Young adults aged 20 years to 25 years are particularly susceptible to developing depression and other mood disorders, making them prime candidates for early intervention with a focus on prevention. Left untreated, depression can exacerbate MS symptoms, impacting disease progression and treatment adherence. Furthermore, prolonged depressive symptoms can strain interpersonal and occupational roles, while recurrent depression may accelerate the depressive cycle and increase the risk of recurrence [6,7].

Treating depression with CBT holds promise for altering disease outcomes in MS. It may lead to reductions in MS exacerbations and new brain lesions, enhance treatment adherence, and mitigate markers of inflammation and disease deterioration in the long term. Therefore, early intervention with CBT has the potential to positively influence the trajectory of both depression and MS, ultimately improving overall patient well-being and disease management. The findings from the study conducted by Gold and colleagues are promising, highlighting the efficacy of iCBT interventions as evidence-based treatment options for individuals with Multiple Sclerosis (MS) and depression. Moving forward, it is imperative for future research to evaluate tailored CBT-based interventions, both in-person and online, in clinical and hospital settings, with a focus on the early stages of MS and depressive illness.

Research should investigate whether iCBT interventions can be utilized as self-automated interventions, adjuncts to in-person CBT, or therapist-guided interventions. This can be achieved through randomized, appropriately powered, assessor-blinded trials that are stratified based on depression level and clinic setting, utilizing an active comparator design with longer term follow-up. The development of such interventions should be informed by input from individuals with MS.

Furthermore, future trials should explore the psychological and cognitive factors contributing to the development and maintenance of depressive symptoms in MS patients. Additionally, the feasibility of integrating iCBT-based interventions into early and routine mental health care for individuals with MS warrants investigation. By addressing these research questions, we can advance our understanding of the efficacy and implementation of CBT-based interventions in the

management of depression in MS patients, ultimately improving their overall mental health and well-being.

## References

1. Hind, Daniel, et al. "Cognitive behavioural therapy for the treatment of depression in people with multiple sclerosis: a systematic review and meta-analysis." *BMC Psychiatry* 14 (2014): 1-13.
2. Gold, Stefan M., et al. "Internet-delivered cognitive behavioural therapy programme to reduce depressive symptoms in patients with multiple sclerosis: a multicentre, randomised, controlled, phase 3 trial." *Lancet Digit Health* 5.10 (2023):668-678.
3. Kirooulos, L. A., et al. "Effectiveness of a tailored cognitive behavior therapy for depression in those newly diagnosed with multiple sclerosis: preliminary results." *Mult Scler J* 26. 3 (2020).
4. Vadivel, Ramyadarshni, et al. "Mental health in the post-COVID-19 era: challenges and the way forward." *Gen Psychiatry* 34.1 (2021).
5. Vadivel, Ramyadarshni, et al. "Mental health in the post-COVID-19 era: challenges and the way forward." *Gen Psychiatry* 34.1 (2021).
6. Kirooulos, Litza A., et al. "A pilot randomized controlled trial of a tailored cognitive behavioural therapy based intervention for depressive symptoms in those newly diagnosed with multiple sclerosis." *BMC Psychiatry* 16 (2016): 1-10.
7. Brønnum-Hansen, H., et al. "Suicide among Danes with multiple sclerosis." *J Neurol Neurosurg Psychiatry* 76.10 (2005): 1457-1459.
8. Kirooulos, Litza, Natalie Ward, and Vanja Rozenblat. "Self-concept, illness acceptance and depressive and anxiety symptoms in people with multiple sclerosis." *J Health Psychol* 26.8 (2021): 1197-1206.
9. Moore, Phil, et al. "Multiple sclerosis relapses and depression." *J Psychosom Res* 73.4 (2012): 272-276.
10. Judd, Lewis L., et al. "Psychosocial disability during the long-term course of unipolar major depressive disorder." *Arch Gen Psychiatry* 57.4 (2000): 375-380.